

A) REISSUE
PTO/SB/50 (02-01)Approved for use through 01/31/2004. OMB 0651-0033
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12/03/01

J 25 U.S.
PTO

REISSUE PATENT APPLICATION TRANSMITTAL

PTO

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	PHUS-7
First Named Inventor	FAOUR, J.
Original Patent Number	6,004,582
Original Patent Issue Date (Month/Day/Year)	12/21/1999
Express Mail Label No.	ET 529723091 US

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. Fee Transmittal Form (PTO/SB/56); *Claim Trees*
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4. Drawing(s) (*proposed amendments, if appropriate*)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/57 or 52)
6. Power of Attorney

Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))

7. Written Consent of all Assignees (PTO/SB/53)
8. 37 C.F.R. § 3.73(b) Statement; *Certificates of Incumbency*; (PTO/SB/96); *App. of first director; Notices of Recordation*
9. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
10. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). *see Preliminary amendment*
11. Original U.S. Patent for surrender
 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Check (\$2876); Cert. Copy & translation of priority
appl. and submittals thereof.

18. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Labelor Correspondence address below

(Insert Customer No. or Bar Code Label here)

Name	24039		
Address	PATENT TRADEMARK OFFICE		
City	State	Zip Code	Fax
Country	Telephone		

NAME (Print/Type)	RICK MATOS, PH.D.	Registration No. (Attorney/Agent)	40,082
Signature		Date	12/03/1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
PHUS-7

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 23	Total Claims (37 CFR 1.16(j))	(B) 123	**** 100 =	x \$ ____ =		or	x \$ ¹⁸ ____ = 1800.00
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 5	* 4 =	x \$ ____ =			x \$ ⁸⁴ ____ = 336.00
							\$740.00
						OR	\$2876.00

Claims as Amended - Part 2

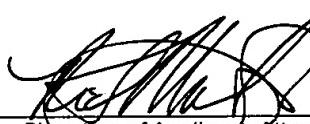
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			
					Total Additional Fee	\$	OR	\$

 If the entry in (D) is less than the entry in (C), Write "0" in column 3. If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. After any cancellation of claims. If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ** Highest Number of Independent Claims Previously Paid For or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 501527.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 2876.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

12/03/2001

Date



Signature of Applicant, Attorney or Agent of Record
RICK MATOS, PH.D. (40,082)

Typed or printed name